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Write Fully, with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		CERTIFICATE OF BIRTH.	
County of <u>Yuma</u>	Ter. Index No. <u>831</u>		
District of <u>Black Mountain</u>	Register No. <u>67</u>		
Town of _____	St.; _____	Ward _____	
City of _____	(No. _____)		
FULL NAME OF CHILD <u>Hazel Franklin</u>		Born <input checked="" type="checkbox"/> Alive <input checked="" type="checkbox"/>	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legitimate? <u>yes</u>
Date of Birth <u>March 12</u>	(Month) (Day)	19 <u>10</u> (Year)	
FATHER		MOTHER	
Full Name <u>Orville Franklin</u>		Full Maiden Name <u>Rosa Johanna Weiss</u>	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>W</u>	Age at last Birthday <u>33</u>	Color or Race <u>W</u>	Age at last Birthday <u>24</u>
(Years)		(Years)	
Birthplace <u>Kansas</u>		Birthplace <u>St Louis</u>	
Occupation <u>Teacher</u>		Occupation <u>House wife</u>	
Number of children of this mother _____		Number of children, of this mother, now living <u>2</u>	
Were precautions taken against Ophthalmia neonatorum? <input checked="" type="checkbox"/>			
<div style="float: left; border: 1px solid black; padding: 5px; margin-right: 10px;"> ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX APR 15 1910 </div> CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on <u>March 12, 1910</u> , at <u>5:30 PM</u> (Signature) <u>W. E. McWhirt</u> (Attending physician, midwife, householder, etc.) Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ <u>865-312-962</u> Filed _____ 19____ COUNTY REGISTRAR COUNTY REGISTRAR			